

NOTICE OF INDEPENDENT REVIEW DECISION

January 23, 2003

RE: MDR Tracking #: M2-03-0449-01
IRO Certificate #: IRO 4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in neurosurgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 44 year old female sustained a work-related injury on ___ when she was lifting a 5 gallon container resulting in a sharp pain in her lower back. A discogram at L3-4 and L4-5 produced 4/4 concordant pain. She has a grade IV fissure at L4-5 and L5-S1. The MRI report reveals a desiccation at L3-4 and L5-S1. In addition, the patient has degenerative facet arthropathy at L5-S1. The patient has been treated conservatively with physical therapy, epidural steroid injections and facet blocks with no improvement. The treating physician is requesting that the patient undergo Intradiscal Electrothermal therapy (IDET).

Requested Service(s)

IDET

Decision

It is determined that the IDET is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation describes the magnitude of the patient's symptoms and the fact that extensive conservative measures including all modalities of conservative treatment have been tried without success. The patient underwent a discogram on 01/16/02 and the information from the discogram included opening pressures after puncturing the discs L3-4, L4-5 and L5-S1 as well as closing pressure, after injection of the stated amount of contrast. The patient's pain response was recorded as concordant at the L3-4 level as well as the L4-5 level with the L5-S1 level being non-concordant pain. This level serves as a control for the other two. Fluoroscopic imaging of the discs during and after injection was performed as well as a post-discogram CT scan. The findings include a grade IV fissure throughout the disc circumferentially at L3-4. At L4-5 there was a grade IV fissure spanning the disc space, which was very close to a grade V fissure with some contrast extending past the annulus. The L5-S1 disc was degenerated and indicated fissuring but the pain was non-concordant despite the injection of 1.5cc of contrast, reaching a maximum pressure of 75 pounds per square inch. This was a non-pathologic (controlled) response. The patient meets standard criteria for an IDET procedure and stands a 40% chance of significant improvement in her symptoms. Therefore, the IDET procedure is medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 23 rd day of January 2003.
--